



## **Maryland State Highway Administration**

### **CONTRACTOR INFORMATION**

**If your firm has never purchased an Invitation for Bids package from the MD State Highway Administration (MD SHA), please complete this form in its entirety and return it with your request to purchase an Invitation for Bids package to Delores Tyree, Cashier's Office, Maryland State Highway Administration, 211 E. Madison Street, Baltimore, MD 21202.**

MD SHA utilizes AASHTO'S (American Association of State Highway and Transportation Officials) TRNS\*PORT System; therefore, you must submit the following form in order to be considered as a valid plansholder and/or bidder. If you have any questions regarding this form or the TRNS\*PORT System, please contact Alan Krimm by US mail at MD State Highway Administration, Contracts Award & MBE/DBE Section, 7450 Traffic Drive, Hanover, MD 21076; by email at [akrimm@sha.state.md.us](mailto:akrimm@sha.state.md.us); by phone at 443-572-5211 or toll free at 1-866-926-8503. Thank you for your interest in the Maryland State Highway Administration.

**Full Company Name:** \_\_\_\_\_  
**Primary Address:** \_\_\_\_\_  
\_\_\_\_\_

**Payment Address:** \_\_\_\_\_  
**(If different from above)** \_\_\_\_\_

**Other Address:** \_\_\_\_\_  
**(Specify type i.e. Home, Physical, Shipping, etc.)** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_  
**Federal I.D. Number (IRS Number):** \_\_\_\_\_

**Does your company have any affiliates?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, Affiliate Company's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Relationship to Vendor:** \_\_\_\_\_

**Percent Ownership:** \_\_\_\_\_

**Contractor Information**

**Vendor Type**

**Choose One:**

- ☐ Prime
- ☐ Subcontractor
- ☐ Consultant
- ☐ Service Contractor
- ☐ Supplier
- ☐ Service Contractor and Supplier
- ☐ Other: \_\_\_\_\_

**Certification**

**Choose One:**

- ☐ Non-Certified
  - ☐ Certified Minority Business Enterprise
- Certification Date:** \_\_\_\_\_

**Corporation Type**

**Choose One:**

- ☐ Corporation - State of Incorporation: \_\_\_\_\_
- ☐ Individual
- ☐ Partnership
- ☐ Joint Venture

**Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_